

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 18 days of any termination of employment or representations.

1. NAME Kirkpatrick Kristopher S
Last First MI

NAME
CHANGE _____
Last First MI

2. BUSINESS PHONE (225) 754-4874
(Area Code) Phone Number

3. FAX PHONE (225) 208-5022

4. BUSINESS ADDRESS 251 Florida St., Suite 210 Baton Rouge LA 70801
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER Cypress Group

6. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ✓

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Cameron-Cole

Address 2137-A Quail Run Drive, Suite A

Business or purpose Environmental Consultant

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____



FOR OFFICE USE ONLY
Postmark Date: 6-19-08

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2) Name Coast Builders Coalition
Address 251 Florida St. Suite 210 Baton Rouge, LA 70801
Business or purpose Business League

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name River Region Health System
Address 2100 Highway 61 North Vicksburg, MS 39183
Business or purpose Hospital


☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist